

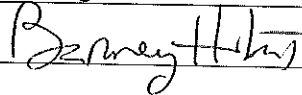
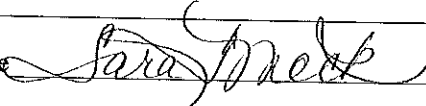
<b>Department of Social and Rehabilitation Services</b> <b>Disability and Behavioral Health Services</b>  Send to: <b>Kansas Department of Social &amp; Rehabilitation Services</b> <b>Disability and Behavioral Health Services</b> <b>915 SW Harrison, DSOB, 9<sup>th</sup> Floor</b> <b>Topeka, KS 66612</b>		<b>Agency Use Only</b>	
	(1,2)		
	(3,4)		
	(5,6)		

Instructions and amendments are an integral part of this report; you must read them before completing.

<b>Provider ID Number</b>  <b>0544002101</b>	<b>Employer's Federal ID Number</b>  <b>48-1124839</b>
<b>Provider Name</b>  <b>Kansas Neurological Institute</b>	<b>Facility Name</b>  <b>Kansas Neurological Institute</b>
<b>Facility Address (Street, City, State, Zip)</b>  <b>3107 SW 21<sup>st</sup> Street, Topeka, KS 66604</b>	
<b>Superintendent's Name:</b>  <b>Barney Hubert</b>	<b>Phone# (785) 296-5301</b>  <b>Fax# (785) 296-7923</b>
<b>Report Period</b>  <b>07/01/2011 to 06/30/2012</b>	

Facility Beds	(1) Beg Of Period	(2) Increase (Decrease)	(3) Date Of Change	(4) End Of Period
41. Mentally retarded	454	-0-	-0-	454
42. Other	-0-	-0-	-0-	-0-
43. Total licensed beds	454	-0-	-0-	454
44. Total Beds Available	165,710 (454 beds @ 365 days per year)			
45. Total Patient Days (all patients from AU-3902) (Use appropriate reference)	55,478			
Occupancy Percentage (Agency Use)				
46. Total Medicaid Days	54,827			

Declaration by owner and preparer; I declare that I have examined this cost report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, complete, and in agreement with related books and federal income tax return except as explained in the reconciliation and that all material transactions with owners or other related parties have been summarized on appropriate schedules. I understand that misrepresentation or falsification of any information set forth in this cost report may be prosecuted under applicable federal and/or state law. Declaration of preparer other than owner is based on all information of which the preparer has any knowledge.

<b>Your Signature</b> 	<b>Preparer's Signature</b> 
<b>Title/Position</b> <u>Superintendent</u> <b>Date</b> <u>9/28/2012</u>	<b>Title/Position</b> <u>Director of Admin Services</u> <b>Date</b> <u>9/28/2012</u>

<b>Preparer's Address (Streets, City, State, Zip)</b> <b>3107 SW 21<sup>st</sup> Street - Topeka, KS 66604</b>	<b>Phone# (785) 296-3166</b> <b>Fax# (785) 296-7923</b>
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PROVIDER NAME: Kansas Neurological Institute  
REPORT PERIOD: July 1, 2011 to June 30, 2012

Provider No.

544002101

SCHEDULE A

Fiscal Year 2012

Amount

SOURCE

1. Total Budget Expenditures

\$28,538,449.00

1: 402 Agency Summary  
(FY 2012 Actuals)

GENERAL ADJUSTMENTS

Additions:

2. Department of Administration  
3. Other: PHYSICIANS LIABILITY INSURANCE  
4. Other: NET ACCRUAL VACATION /SICK LEAVE  
5. Other: CATEGORICAL AID-EDUCATION  
6. Depreciation Expense  
7. Other: Accrued Payroll Adjustment  
8. Other:

39,856.00

2: A&R SWCAP Rpt

4,428.00

3: CY 2012 PMI

(437,728.00)

4: Workpaper

0.00

N/A-Effective FY03

\$667,576.00

5. FY 2012 Depreciation

883,510.00

6: Workpaper

Subtractions:

- 11 Capital Improvement  
12 Capital Outlays  
13 Non-expense Items  
14 Other: Claims  
15 Other: Other: Loss on monetary transaction  
16 Other: Other: VRIP  
17 Other:

( 155,810.00 )

7: FY 2012 406/410 Series Rpt

( 523,542.00 )

7: FY 2012 406/410 Series Rpt

( 6,755.00 )

7: FY 2012 406/410 Series Rpt

( 1,208.00 )

7: FY 2012 406/410 Series Rpt

( 0.00 )

( 0.00 )

( 0.00 )

2C Total Medicaid Expenditures

\$29,008,776.00

Non-Client Related Expenditures

- 21 SRS Area Office  
22 Sheltered Living  
23 Other:  
24 Other:  
25 Other:

( 0.00 )

( 0.00 )

( 0.00 )

( 0.00 )

( 0.00 )

3C Patient Related Expenditures

\$29,008,776.00

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PROVIDER NAME: Kansas Neurological Institute  
REPORT PERIOD: July 1, 2011 to June 30, 2012

Provider No.

544002101

3C Client Related Expenditures  
Revenue

29,008,776.00 Line 30

Total  
Revenue

Revenue  
Offset

- 31 Care & Hospital 1287612.00 ( 0.00 )  
32 Operating transfers out 0.00 ( 0.00 )  
33 Other service charges 280.00 ( 280.00 )  
34 Usable condemned equip 2080.00 ( 2,080.00 )  
35 Rental of halls/rooms 1603.00 ( 1,603.00 )  
36 Estate Recovery Program 43.00 ( 43.00 )  
37 Recovery expenditures curre 1401.00 ( 1,401.00 )  
38 General Medical 0.00 ( 0.00 )

9: FY 2012 404 Report

39 Recovery prior year	2920.00	(	2,920.00	)		
40.	0.00	(	0.00	)		
41.	0.00	(	0.00	)		
49 Total Revenue Offset			(	\$8,327.00	)	

50 Net Client Related Expenditures \$29,000,449.00 ||

Non-Reimbursable Expenses ||

51 Foster Grandparent Program	(	383,287.00	)	7: FY 2012 406/410 Series Rpt	
52 Foster Grandparent VRIP payments	(	1,241.06	)	8: VRIP Indirect Cost Allocation	
53 Clothing for Clients	(	14,004.00	)	10: 2012 SMART Query	
54 Barber Services	(	5,103.00	)	10: 2012 SMART Query	
55 Cosmetologist Services	(	0.00	)		
56 Other:	(	0.00	)		
57 Other:	(	0.00	)		
58 Other:	(	0.00	)		

60 Net Reimbursable Expenses \$28,596,813.94 ||

Other: ||

61.		0.00		
62.		0.00		
63.		0.00		

64 Total Allowable Expenditures \$28,596,813.94 ||

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PROVIDER NAME: Kansas Neurological Institute  
REPORT PERIOD: July 1, 2011 to June 30, 2012

Provider No. 544002101 ||

===== SRS Audit Use Only ||

SRS Audit Section Adjustments ||

65.		0.00		
66.		0.00		
67.		0.00		
68.		0.00		
69.		0.00		
70.		0.00		
			\$0.00	

71 Total SRS Adjustments ||

72 Total Adjusted Allowable Expenditures \$28,596,813.94 ||

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73 Less: Rent Expense Objt Code 230 0.00 ||

Adjustments: ||

74.	0.00	
75.	0.00	
76 Net Rent Expense	\$0.00	
77 Total Adjusted Reimbursable Costs:	28,596,813.94	
78 Total Patient Days(Line 45 of cover page)	55,478	11: FY2012 Medicaid Days Rpt
79 Per Diem Rate(Cost)--Line 77 Divided by Line 78.	515.46	
80 Total Medicaid Days(Line 46 of cover page)	54,827	11: FY2012 Medicaid Days Rpt
81 Total Medicaid Costs(Line 79 X Line 80)	\$28,261,248.02	
82 Interim Payments Received	\$27,628,044.00	
83 Amount Due Provider,(KDADS)	\$633,204.02	
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PROVIDER NAME:	Kansas Neurological Institute	Provider No.	544002101
REPORT PERIOD:	July 1, 2011 to June 30, 2012		

Medicaid Log Statistics

Month	Medicaid Days	Medicaid Reserve Days	Daily Rate	Total Medicaid Days	All Other Days	Total Allowable Charges
July	4,697	31	\$498.00	4,728	15	2,354,544.00
August	4,678	57	\$498.00	4,735	8	2,358,030.00
September	4,514	51	\$498.00	4,565	23	2,273,370.00
October	4,637	72	\$498.00	4,709	19	2,345,082.00
November	4,500	53	\$498.00	4,553	6	2,267,394.00
December	4,592	75	\$498.00	4,667	9	2,324,166.00
January	4,623	40	\$498.00	4,663	18	2,322,174.00
February	4,418	19	\$498.00	4,437	10	2,209,626.00
March	4,694	48	\$498.00	4,742	0	2,361,516.00
April	4,504	47	\$498.00	4,551	0	2,266,398.00
May	4,426	112	\$498.00	4,538	47	2,259,924.00
June	4,544	46	\$498.00	4,590	0	2,285,820.00
	54,827	651		55,478	155	\$27,628,044.00
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Rate #1 = \$498.00  
Rate #2 = \$0.00  
Rate #3 = \$0.00

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PROVIDER NAME:	Kansas Neurological Institute	Provider No.	544002101
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SCHEDULE B

### INFLATION FACTOR CALCULATION

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